

Classification

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120132-8

REPORTS INVENTORY

FORM NO. DDS/OL/SD 74
XXXXXXXXXX

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Condition 5 Stock Status

2. TYPE
OF
REPORT

<input checked="" type="checkbox"/>	STATISTICAL
<input type="checkbox"/>	NARRATIVE
<input type="checkbox"/>	MACHINE-NAME LISTING

3. FUNCTIONAL AREA

<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING
<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not
number of copies)

2

7. FORMAT (memorandum, form
computer print-out, etc)
Computer Print-Out

8. ADP PROCESSING

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YES

IF YES GIVE ADP PROCESSING NO.

209

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level
contributing information to report)OCS, OL/SD/ ☐ MFB/CR&DS,
OC/SCD/FTS ☐11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	= COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS-7	3.89	10	38.90	12	466.80

B. COSTS OF COMPUTER PRODUCED REPORTS

			.30	24	7.20
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TOTAL COSTS PER YEAR

474.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is required to provide the statistical data necessary
to manage stock property for which no determination of condition
has been determined.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)
<input type="checkbox"/>	CHANGE		
<input type="checkbox"/>	DISCONTINUE		

ESTIMATED SAVINGS

MAN-HOURS DOLLARS

STAT

16. DATE OF INVENTORY

25 Sept 70

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

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- AC/OL/SD/SMB/GMMS

18. EXTENSION

FORM 1142

Classification

(see of 10)